

TNM stage T1-2, N0, M0 with PSA ≤ 10 ng/ml and Gleason score ≤ 7 , and localized PC as TNM stage T2, N0, M0. Next, we developed models for estimating the number of men in these two groups for the US, European Union (EU) and Japan. Finally, we populated these models with information derived from a comprehensive review of incidence and staging estimates from English-language literature and publicly available demographic and registry data. **RESULTS:** We identified over 100 relevant abstracts that yielded 67 manuscripts for review, 15 of which provided data for the model. The estimated number of newly diagnosed men with early-stage PC was 120,000 (US), 140,000 (EU), and 4,300 (Japan). The corresponding incidence rates per 100,000 males were 85, 58 and 7, respectively. The estimated number (incidence) of newly diagnosed men with localized PC was 89,000 (63), 71,000 (29) and 10,000 (15) in the US, EU and Japan, respectively. **CONCLUSION:** The number of men at risk for over- or under-utilization of radical prostatectomy due to inadequate diagnostic information is substantial and varies widely by country.

PCN57**BASIC ATTITUDE TO USE OF GENERIC ANTI-CANCER DRUGS FOR BREAST CANCER TREATMENT IN JAPAN**

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OBJECTIVES: Although the use of various generic drugs is becoming national policy in Japan to reduce health care costs, many physicians tend to be reluctant to prescribe generic drugs, especially in cancer therapy. The purpose of this study was to investigate the attitude of physicians involved in breast cancer treatment towards the prescription and use of generic anti-cancer drugs in Japan. **METHODS:** Questionnaires were sent to 180 physicians who had registered with the multi-center trial group for breast cancer therapy in Japan (CSPOR). **RESULTS:** The respondents were 73 (response rate: 41%), their average age was 45.1, and their years of experience with breast cancer treatment averaged 14.1. Their basic attitude concerning generic drugs was "I would prescribe them if the patient asks" among 64%, "I am actively prescribing them" among 21%, and "I would prefer not to prescribe them, if possible" among 14% of respondents. 32% of physicians had no experience with the use of generic anti-cancer drugs. The reasons why they did not use them were "constraints of the ordering system" (49%), "my own policy" (21%), and "institutional policy" (13%). The policy for the selection of brand or generic anti-cancer drugs was "based on patients' preference" (44%), "commitment to generic drugs" (14%), "decide by the name of the drug company" (24%), and "follow the institutional policy" (24%). As to the selection of generic drugs, seventy-nine percent of respondents trusted generic drugs manufactured by a brand name company over those made by a specialized producer of generic drugs. **CONCLUSION:** A little less than 70 percent of breast cancer therapists had prescribed generic anti-cancer drugs. It became clear that the selection policy for brand or generic anti-cancer drugs was based on patient preferences.

PCN58**BREAST CANCER SCREENING PROGRAMS: EVALUATION ASIDE FROM CLINICAL AND ECONOMICAL ASPECTS**

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OBJECTIVES: During the last decades, breast cancer screening programs have considerably increased in terms of number and improved in terms of clinical and technical standards. From an HTA perspective, clinical and economic issues are only two of several important aspects concerning breast cancer screening programs. The objective of research is to investigate to what extent societal and ethical aspects as well as the perspective of equal access for different groups of the population are addressed in breast cancer screening evaluation initiatives. **METHODS:** Systematic literature research; comparative analysis of societal, ethical and access aspects on the basis of several practical examples of screening programs in different countries and of theoretic scientific literature; evaluating structures of program-organisation along pre-defined indicators. **RESULTS:** In several countries breast cancer screening programs are also evaluated according to others than conventional indicators. These indicators do express attendance rates according to different social groups, and thus may explain differences in epidemiological outcomes of screening programs. **CONCLUSION:** Basic epidemiological indicators of the success of breast cancer screening such as prevalence can strongly vary depending on non-clinical and non-economic characteristics of screening programs. These societal, ethnic, ethical or equity aspects are primarily to be addressed via the organisational part of the programs. This is one reason why quality assurance in breast cancer screening should not only be strictly executed but also be improved in terms of a quality management.

PCN59**TREATMENT PATTERNS FOR PATIENTS WITH GLIOBLASTOMA MULTIFORME (GBM) IN GERMANY**

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OBJECTIVES: Describe the treatment patterns of GBM patients in Germany. **METHODS:** Between January and February 2006, retrospective case histories of 50 adult GBM patients no longer receiving active treatment were provided by 10 physicians from 10 German institutions. **RESULTS:** Seventy percent of patients were diagnosed in 2004–5. 60% of patients were male; 58% were >50 years old. At diagnosis, patients were classed as fully active (26% with no neurological symptoms; 42% with minor symptoms); 22% were fully active with assistance with moderate symptoms, 6% were less than fully active with moderate symptoms and 4% were disabled with severe symptoms. 49 patients had their initial therapy recorded; all underwent surgery. Subsequently, 39% underwent chemoradiation, 39% radiotherapy, and 14% chemotherapy. Of those undergoing chemoradiation, 94% received temozolomide. Of those undergoing radiotherapy, 53% subsequently received chemotherapy before relapse; 90% received temozolomide either as a single-agent or in combination with doxorubicin. Disease recurrence was documented for 36 of 50 patients, of which 13% had no neurological symptoms, 41% had minor symptoms, 28% had moderate symptoms and were fully active with assistance, and 19% had moderate symptoms and were less than fully active. Forty-two percent (15/36) were treated with chemotherapy initially for their recurrence; patients received a variety of single-agent or combination regimens of